

Drugs of Abuse Test Panel

For medical and other professional *in vitro* diagnostic use only.

Cat.No 3032501

INTENDED USE

The Rapid Response Drugs of Abuse Test Device is a rapid visual immunoassay for the qualitative, presumptive detection of drugs of abuse in human urine specimens at the cut-off concentrations listed below:

Parameter	Calibrator	Cut-off (ng/mL)
AMP (Amphetamine)	Amphetamine	1,000
AMP (Amphetamine)	Amphetamine	300
BAR (Barbiturates)	Secobarbital	300
BZO (Benzodiazepines)	Oxazepam	300
BZO (Benzodiazepines)	Oxazepam	200
BZO (Benzodiazepines)	Oxazepam	100
BUP (Buprenorphine)	Buprenorphine- β -3-D-glucuronide	10
COC (Cocaine)	Benzoyllecgonine	300
COC (Cocaine)	Benzoyllecgonine	200
COC (Cocaine)	Benzoyllecgonine	100
COT (Cotinine)	Cotinine	600
COT (Cotinine)	Cotinine	200
EDDP (Methadone metabolite)	2-Ethylidine-1,5-dimethyl-3,3-diphenylpyrrolidine	100
FYL (Fentanyl)	Fentanyl	10
KET (Ketamine)	Ketamine	1,000
MDA (Methylene-dioxyamphetamine)	Methylenedioxy-amphetamine	500
MDMA (Ecstasy)	3,4-Methylenedioxy-meth-amphetamine	1,000
MDMA (Ecstasy)	3,4-Methylenedioxy-meth-amphetamine	500
MDMA (Ecstasy)	3,4-Methylenedioxy-meth-amphetamine	300
MTD (Methadone)	Methadone	300
MET (Methamphetamine)	Methamphetamine	1,000
MET (Methamphetamine)	Methamphetamine	300
MOP 2000 (Morphine/Heroin)	Morphine	2,000
MOP 300 (Morphine/Heroin)	Morphine	300
MOP 200 (Morphine/Heroin)	Morphine	200
MOP 100 (Morphine/Heroin)	Morphine	100
MQP (Methaqualone)	Methaqualone	300
OXY (Oxycodone)	Oxycodone	100
PCP (Phencyclidine)	Phencyclidine	25
PPX (Propoxyphene)	Norpropoxyphene	300
TCA (Tricyclic antidepressants)	Nortriptyline	1,000
THC (Marijuana)	11-nor- Δ^9 -THC-9-COOH	200
THC (Marijuana)	11-nor- Δ^9 -THC-9-COOH	150
THC (Marijuana)	11-nor- Δ^9 -THC-9-COOH	50
THC (Marijuana)	11-nor- Δ^9 -THC-9-COOH	25
TML (Tramadol)	Tramadol	100

PRINCIPLE

The Rapid Response Drugs of Abuse Test Device detects drugs of abuse through visual interpretation of color development on the internal strip. Drug conjugates are immobilized on the test region of the membrane. During testing, the specimen reacts with antibodies conjugated to colored particles and precoated on the sample pad. The mixture then migrates through the membrane by capillary action, and interacts with reagents on the membrane. If there are insufficient drug molecules in the specimen, the antibody-colored particle conjugate will bind to the drug conjugates, forming a colored band at the test region of the membrane. Therefore, a colored band appears in the test region when the urine is negative for the drug. If drug molecules are present in the urine above the cut-off concentration of the test, they compete with the immobilized drug conjugate on the test region for limited antibody binding sites. This will prevent attachment of the antibody-colored particle conjugate to the test region. Therefore, the absence of a colored band at the test region indicates a positive result. The appearance of a colored band at the control region serves as a procedural control, indicating that the proper volume of specimen has been added and membrane wicking has occurred.

KIT COMPONENTS

- Test devices
- Disposable pipettes
- Package insert

MATERIALS REQUIRED BUT NOT PROVIDED

- Timer
- Centrifuge
- Positive and negative controls

REAGENTS

Each test consists of a reagent strip mounted in a plastic housing. The amount of each antigen and/or antibody coated on the strip is less than 0.001 mg for antigen conjugates and goat anti-rabbit IgG antibodies, and less than 0.0015 mg for antibody components. The control zone of each test contains goat anti-rabbit IgG antibody. The test zone of each test contains drug-bovine protein antigen conjugate, and the conjugate pad of each test contains monoclonal anti-drug antibody and rabbit antibody-colored particle complex.

PRECAUTIONS

- For professional *in vitro* diagnostic use only.
- Do not use after the expiration date indicated on the package. Do not use the test if the foil pouch is damaged. Do not reuse tests.
- This kit contains products of animal origin. Certified knowledge of the origin and/or sanitary state of the animals does not completely guarantee the absence of transmissible pathogenic agents. It is therefore, recommended that these products be treated as potentially infectious, and handled by observing usual safety precautions (e.g., do not ingest or inhale).
- Avoid cross-contamination of specimens by using a new specimen collection container for each specimen obtained.
- Read the entire procedure carefully prior to testing.
- Do not eat, drink or smoke in the area where specimens and kits are handled. Handle all specimens as if they contain infectious agents. Observe established precautions against microbiological hazards throughout the procedure and follow standard procedures for the proper disposal of specimens. Wear protective clothing such as laboratory coats, disposable gloves and eye protection when specimens are assayed.
- Humidity and temperature can adversely affect results.
- Discard used testing materials in accordance with local regulations.

STORAGE AND STABILITY

- The kit should be stored at 2-30°C (35.6-86°F) until the expiry date printed on the sealed pouch.
- The test must remain in the sealed pouch until use.
- **Do not freeze.**
- Kits should be kept out of direct sunlight.
- Care should be taken to protect the components of the kit from contamination. Do not use if there is evidence of microbial contamination or precipitation. Biological contamination of dispensing equipment, containers or reagents can lead to false results.

SPECIMEN COLLECTION AND STORAGE

- The Rapid Response Drugs of Abuse Test Device is intended for use with human urine specimens only.
- Urine collected at any time of the day may be used.
- Urine specimens must be collected in clean, dry containers.
- Turbid specimens should be centrifuged, filtered, or allowed to settle and only the clear supernatant should be used for testing.
- Perform testing immediately after specimen collection. Do not leave specimens at room temperature for prolonged periods. Urine specimens may be stored at 2-8°C (35.6-46.4°F) for up to 2 days. For long term storage, specimens should be kept below -20°C (-4°F).
- Bring specimens to room temperature prior to testing. Frozen specimens must be completely thawed and mixed well prior to testing. Avoid repeated freezing and thawing of specimens.
- If specimens are to be shipped, pack them in compliance with all applicable regulations for transportation of etiological agents.

PROCEDURE

Bring tests, specimens, and/or controls to room temperature (15-30°C or 59-86°F) before use.

1. Remove the test from its sealed pouch, and place it on a clean, level surface. Label the test with patient or control identification. For best results, the assay should be performed within one hour.
2. Take off the cap outside of the test end. With arrows pointing toward the urine specimen, immerse the test panel vertically into the urine specimen for at least 10-15 seconds. Immerse the test panel to at least the level of the wavy lines on the strip(s), do not pass the arrows on the test panel when immersing the panel.
3. Place the test panel on a non-absorbent flat surface, start the timer and wait for the red line(s) to appear. The results should be read at 5 minutes. Do not interpret results after 10 minutes.

INTERPRETATION OF RESULTS

POSITIVE RESULT:



Only one colored band appears in the control region (C). No apparent colored band appears in the test region (T).

NEGATIVE RESULT:

Two colored bands appear on the membrane. One band appears



in the control region (C) and another band appears in the test region (T).

INVALID RESULT:



Control band fails to appear. Results from any test which has not produced a control band at the specified reading time must be disregarded. Please review the procedure and repeat with a new test. If the problem persists, discontinue using the kit immediately and contact your local distributor.

NOTE:

1. The intensity of the color in test region (T) may vary depending on the concentration of aimed substances present in the specimen. Therefore, any shade of color in the test region should be considered negative. Besides, the concentration level can not be determined by this qualitative test.
2. Insufficient specimen volume, incorrect operation procedure, or performing expired tests are the most likely reasons for control band failure.

QUALITY CONTROL

- Internal procedural controls are included in the test. A colored band appearing in the control region (C) is considered an internal positive procedural control, confirming sufficient specimen volume and correct procedural technique.
- External controls are not supplied with this kit. It is recommended that positive and negative controls be tested as a good laboratory practice to confirm the test procedure and to verify proper test performance.

LIMITATIONS OF THE TEST

1. The Rapid Response Drugs of Abuse Test Device is for professional *in vitro* diagnostic use, and should be only used for the qualitative detection of drugs of abuse.
2. This assay provides a preliminary analytical test result only. A more specific alternative chemical method must be used in order to obtain a confirmed analytical result. Gas chromatography/mass spectrometry (GC/MS) has been established as the preferred confirmatory method by the National Institute on Drug Abuse (NIDA). Clinical consideration and professional judgment should be applied to any test result, particularly when preliminary positive results are indicated.
3. There is a possibility that technical or procedural errors as well as other substances and factors may interfere with the test and cause false results.
4. Adulterants, such as bleach and/or alum, in urine specimens may produce erroneous results regardless of the analytical method used. Therefore, please preclude the possibility of urine adulteration prior to testing.
5. A positive result indicates the presence of a drug/metabolite only, and does not indicate or measure intoxication.
6. A negative result does not at any time rule out the presence of drugs/metabolites in urine, as they may be present below the minimum detection level of the test.
7. This test does not distinguish between drugs of abuse and certain medications.

PERFORMANCE CHARACTERISTICS

Accuracy

The accuracy of the Rapid Response Drugs of Abuse Test Device was compared and checked against commercially available tests with a threshold value at the same cut-off levels. Urine samples taken from volunteers claiming to be non-users were examined under both tests. The results were >99.9% in agreement.

Reproducibility

The reproducibility of the Rapid Response Drugs of Abuse Test Device was verified by blind tests performed at four different locations. Samples with drug/metabolite concentrations at 50% of the cut-off were all determined to be negative, while samples with drug/metabolite concentrations at 200% of the cut-off were all determined to be positive.

Precision

Test precision was determined by blind tests with control solutions. Controls with drug/metabolite concentrations at 50% of the cut-off yielded negative results, and controls with drug/metabolite concentrations at 150% of the cut-off yielded positive results.

Specificity

The following tables list the concentrations of compounds (ng/mL) above which the Rapid Response Drugs of Abuse Test Device identified positive results at 5 minutes.

The following compounds yielded negative results up to a concentration of 100 µg/mL:

Acetaminophen	Ethanol
Acetone	Furosemide
Acetylsalicylic acid	Guaiacol glyceryl ether
Albumin	Hemoglobin
Ampicillin	Ibuprofen
l-Ascorbate	(±)-Isoproterenol
Aspartame	N-Methyl-ephedrine
Atropine	(+)-Naproxen
Benzocaine	Oxalic acid
Bilirubin	Penicillin-G
Caffeine	Pheniramine
Chlorpheniramine	Phenothiazine
Creatine	L-Phenylephrine
Dextropropranolol tartrate	β-Phenylethylamine
4-Dimethylaminoantipyrine	Quinidine
Dopamine	Sulindac
Erythromycin	Tyramine

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